
Non-Clinical Topics

Highlights of the HMA Scientific Session

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Overview:

The last two days of the conference were devoted to presentations and discussion of non-clinical topics. The sessions were well attended and the audience actively engaged in lively discussion of the topics presented. Dr. Nancy Dickey, the president of the American Medical Association, attended both days, and served as a presenter and panel member. The Difficulty of Caring Under the Pressure of Change was the title of the Saturday forum. On Sunday a Panel of Experts presented Perspectives on Complimentary Care, after a superb Historical View of Complimentary Medicine by Dr. SY Tan introduced the session.

Saturday – October 4

The morning session was opened by Dr. Nancy Dickey, who spoke on the ethical conflicts which may be engendered by the Managed Care model. Representatives of the Medical Community (Peter Locatelli, MD) and the State of Hawaii (Moya Gray) discussed patient privacy issues. Dr. Dickey commented on Unionization of Physicians, noting that the ethical commitment's of Unions, are at odds with the ethical commitments of physicians. She reiterated the AMA position, which does not support unionization for physicians. She indicated an congressional bill will be introduced to enable physician collective bargaining, which is supported by the AMA.

Mr. David Karp, a loss prevention manager for MIEC opened the next session with a variety of practical solutions for physicians who may face litigation related to the practice of medicine. He reiterated that inadequate and poor medical record keeping is the primary cause for most lost cases in litigation or settlements. He indicated that MIEC will be bringing a seminar on good medical record keeping to Honolulu in the near future. He posed several questions and answers:

- Who owns the medical record? The medical record is owned by the physician practice (maybe a corporation or partnership)
- Who can access the record? The information in the record is legally available to patients.
- How to release records: With a written request (authorization) by the patient and only with a written request.
- What if Records are subpoenaed? Release the records, but always ask for a delay. It is seldom required to IMMEDIATELY release records.
- How much should be charged for medical records which are released? Twenty five cents per page is standard, but you should

consider not charging patients, in the interest of public relations. Sending records to other providers is usually not associated with a charge.

- How long am I required to maintain records? 7 Years for full records, longer for basic information.
- Tips for Electronic Medical Records: Back up records daily, print paper copies, assure confidentiality.
- E-Mail: This is an evolving area which is so unclear at this time that it is not advised as a practical or legally sound method for engaging in patient care. Guidelines can be found at www.amia.org.
- DICTATION is the best medical record method. All physicians are encouraged to dictate records, since they are clear and comprehensive. Warning-Read the dictations before signing, and do not use a "Dictated but not read" stamp on your documents.

David Willet, esq., General Counsel for MIEC, provided a review of the Federal Fraud and Abuse legal environment. His emphasis was on recognizing the fact that we are operating in a new legal environment, which poses new threats and demands new preventive strategies.

- In 1996 a new class of crime was created – "Federal Health Care Offense".
- Criminal penalties were stronger, and civil penalties of up to \$10,000 per line item on claims were introduced.
- Individual providers can be excluded from participating in Federal Health Care reimbursement programs.
- The FBI and Office of the Inspector General are allowed to retain funds generated through legal actions in the health care arena. Strong motivation for aggressive investigation!
- Private carriers must report false claims to the Federal Government. All false claims activities (private and governmental) place the provider at risk of non-participatory status in Federal programs.
- How do people get "caught": Sophisticated analysis of billing documents to identify patterns, whistleblowers, competitors, employees. All have incentives. Whistleblowers can recover 25% of funds collected from legal actions.
- Advice: Have a Quality Assurance program, stick to it, and review it frequently. Engage an experienced lawyer at the first sign of an investigation. Both the guilty and innocent are at risk in this new legal environment.

HAMPAC:

A brief interlude in the professional presentations allowed Representative Stan Koki to indicate his support for three issues; The

patients right to choose a physician, Expanded medical savings accounts, and meaningful medical tort reform. Dr. John McDonnell introduced Stan.

Dr. Stephanie Woolhandler:

Dr. Woolhandler was the highlight of the morning. Her provocative and well documented review of the negative impact of the managed care model on quality of care, physician effectiveness, and the economic environment was the focal point for much discussion. Her support for a national health care system launched an engaging debate with Dr. Nancy Dickey, president of the AMA. Dr. Woolhandler reviewed the history of physician Gag Clauses" in physician contracts, and the process by which the "court of public opinion" has virtually eliminated these barriers to physician-patient communication. She concluded with the message that both physicians and patients must be the motor for health care reform. She defined a new class of disadvantaged patients, those with illness. This class of patient finds it difficult to be insured, and difficult to access services when insured. A chilling litany of managed care principles were used to demonstrate the need for a national health care system. Under the Millman and Robertson guidelines for health care utilization used by some managed care organizations bilateral cataract surgery is approved for only those patients who are young, and require vision for work related activities, another example was the guideline that a neurologist evaluation is not medically necessary for a seizure patient. These examples were served to reinforce the message that Dr. Woolhandler delivered; Managed Care is not a model that works for patients or physicians, and another system must be developed. Data was presented which supported the contention that health status is decreasing for Americans in the current managed health care environment. The control of blood pressure appears to be decreasing, and there is systematic shifting of patients from managed care systems to Medicare based services when illness develops. Such data indicates to Dr. Woolhandler that patients have become pariahs with this approach to health care delivery. She advocated a shift to the Canadian model of health care and presented data regarding reasonable wait times for services such as CABG in that system. Data regarding cost saving in Canada revealed that the majority of economization results from decreased administrative costs, not diminished direct health care services. This was contrasted with the dramatic increase in administrative costs evident in the US Managed Care systems. A striking display of the increasing number of medical administrators versus the minimal growth in health care providers supported her contention that control of costs can be accomplished through control of administrative expenditures, rather than curtailment of services. In conclusion Dr. Woolhandler quoted from the poet laureate of Kentucky "Rats and roaches live under the laws of supply and demand. It is the privilege of human beings to live under the laws of justice and mercy."

Dr. Nancy Dickey:

Dr. Dickey provided a vigorous rebuttal to Dr. Woolhandler's proposal for nationalized health insurance. She indicated that in Canada 35% of health care delivery is provided outside of the National Health Care system, because of dissatisfaction and inefficiency. She proposed that immense bureaucratic barriers to care would develop in a similar American National Health Care system.

Hawaii's Legislature:

Senators Randy Iwase (D) and Sam Slom(R)
A brief presentation by each senator regarding health care initiatives in the legislature was enjoyed by the audience. Senator Slom highlighted his three imperatives that would most impact on health care; 1) Ethics in government initiatives, 2) Improvement of the small business environment, and 3) Allowing organized medicine latitude to reorganized, based upon debate and solutions developed by the Medical community. Senator Iwase reviewed his perspectives on health care and the role of the legislature.

Sunday - October 5

The morning session focused on Complimentary Care. An introduction by Dr. S.Y. Tan was followed by a Panel discussion with interactive audience participation. There was a remarkably "full house" for this last morning of activities, with enthusiastic and informed engagement of the membership in attendance.

The panel members was comprised of the following members:

N. Emmett Aluli, MD, Physician
Alfred J. Fortin, PhD, Insurance Executive
Nancy W. Dickey, MD, President of the AMA
Robert G. Klein, Esq., Associate Justice of the Hawaii Supreme Court
S.Y. Tan, MD JD, Medical Ethicist
Kanalau G. Terry Young, PhD, Consumer, Wheelchair user.

The Introduction by Dr. Tan provided an Historical review, focused on the "heretic" fringe that was responsible for the evolution for modern medicine. His them reflected the absolute distrust and ostracism of many great men of medicine, in their own times. His examples included Vesalius, and Semmelweis. He insinuated that unless we remain open to new ideas we will reject and suppress many medical advances of great potential. He attempted to distinguish "Quackery" from alternative or complimentary approaches to medicine using the following criteria which characterize "Quackery":

- 1) A quick cure is promised
- 2) Testimonial evidence is presented
- 3) A "secret" formula or treatment is described
- 4) Traditional medicine is attacked in the promotion of the new "cure"
- 5) The FDA is the subject of persecution in the promotional material
- 6) Common targets for such cures are processes which are nearly universal (prostate disease, headaches, etc.), or those for which effective therapy is not available.

The panel discussion followed with excerpts form each panelist presented below:

Fortin: HMSA has no formal policies regarding complimentary medicine, and would apply evidence based standards to any policy developed. Protection for patients, economic realities, and integration of political issues, liability, and consumer demand will be factors that guide any future policy development.

Dickey: The AMA supports the challenge that faces alternative/complimentary medicine practitioners to subject the methods to outcomes based research, and to practice based upon the evidence developed in research.

Tan: Attempted to define Complimentary medicine and concluded that "unstudied" methods of traditional and cultural medicine may best fit this category. He advocated application of evidence based research techniques in this area. He suggested it may be futile to try and categorize complimentary medicine, and suggested that alternatively we ask four questions regarding any therapy.

1. Is it effective? Proof should be demanded
2. Is it safe?
3. How much does it cost? Consideration of factors such as possible fraud should be considered.
4. Does it usurp effective methods?

Aluli: Dr. Aluli described a variety of traditional Hawaiian healing and treatment methods, stressing community and family based therapies. He described his practice on Molokai'i. He described a process of evaluation over the next five years aimed at consideration of state licensing for traditional practitioners. He integrates traditional methods (massage, herbal remedies, and community based therapy) into his practice regularly, and advocates for more widespread acceptance and application based upon his knowledge and experience. A variety of outcome data has been collected and presented from his population of patients on Molokai'i. Dr. Aluli expanded upon the linkage of traditional Hawaiian Healing methods, poor Hawaiian health status, and social disruption related to issues of land ownership and Hawaiian sovereignty. Hawaiian health is inextricably bound to the land ('aina) and will remain a challenge until the linkage is recognized and rectified, in Dr. Aluli's opinion. Dr. Aluli advocated applying scientific study methods to traditional Hawaiian Healing, but expressed concern that doing so would possibly impact on effectiveness, and would take Hawaiian physicians out of the process. He suggested a core of Hawaiian physicians may be best suited to the task of studying Hawaiian Healing methods. He agreed with a audience members observation that the application of scientific study to spiritual healing may in fact destroy or negate the potential for demonstrable benefit of these methods by scientific study.

Young: Dr. Young described his experience as a traumatic quadriplegic, who teaches Hawaiian Studies at the University of Hawaii. He described his struggle with asthma, and a personal approach to a proposed complimentary medicine product. He has been advised that blue-green algae will improve his condition. He plans to seek the advice of his physician and then balance the information available in his consideration of this product for his personal use.

Klein: The supreme court justice provided some overview of how the court functions and how principles of justice are applied to medical litigation. He reflected upon the very small proportion of cases in the supreme court which are medical cases.

Summary

The meeting was well attended, and there was lively interaction between the audience and the panelists and speakers. I was very impressed with the excellent organization and program developed by Dr. Shirasu and the meeting and program committees. The current state of affairs at the AMA, and in our state of Hawaii was presented by members of the community, the legislature, the judiciary, and organized medicine. Debate and controversy were informed and enlightened the audience and some speakers.

Kids with asthma
could use your
helping hand.
Bring Open Airways
For Schools
to Kids in your
neighborhood
School.



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